

Faith and Hope Independent Living Application for Employment

Please Print All Information Clearly

Date: _____

Name _____
Last
First
Middle
Maiden

Present Address _____
Number
Street
City
State
Zip

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Phone: Home (____) _____ Cell (____) _____ Email: _____

Position Applied For _____

Days/ Hours Available to Work: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday
 _____ Friday _____ Saturday _____ Sunday

How many hours can you work weekly? _____ Can you work nights? _____

Employment Desired: Full Time Part Time Full or Part Time

When you are available to work? _____

Type of School	Name Of School	Location	Number of Years Completed	Year of Completion	Major and Degree
High School					
College					
Trade School					
Professional School					

Have you even been convicted of a felony? No Yes

If yes, please explain _____

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Military

Have you ever been in the armed forces? No Yes

Are you now a member of the nation guard? No Yes

Specialty_____ Date Entered_____ Discharge Date_____

Do you have a valid driver's license? No Yes

What is your means of transportation (Make & Model of Vehicle)? _____

Drivers License Number_____ State of Issue_____ Expiration Date_____

Have you had any accidents during the past three years? No If yes, how many_____

Have you had any moving violations during the past three years? No If yes, how many_____

Please list three references other than relatives.

Name_____

Company_____

Address_____

Phone (_____) _____

Name_____

Company_____

Address_____

Phone (_____) _____

Name_____

Company_____

Address_____

Phone (_____) _____

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Work Experience

Please list your work experience for the past five years, beginning with you most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer _____
Address _____
City, State, Zip Code _____ Phone _____
Your Last Job Title: _____
Name of Last Supervisor: _____
Employment Dates: From _____ To _____
Pay or Salary: Start: _____ Final: _____
Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer _____
Address _____
City, State, Zip Code _____ Phone _____
Your Last Job Title: _____
Name of Last Supervisor: _____
Employment Dates: From _____ To _____
Pay or Salary: Start: _____ Final: _____
Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer _____
Address _____
City, State, Zip Code _____ Phone _____
Your Last Job Title: _____
Name of Last Supervisor: _____
Employment Dates: From _____ To _____
Pay or Salary: Start: _____ Final: _____
Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact your present employer? No Yes

Did you complete this application yourself? No Yes

If not, who did? _____

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Agreement (Please Read Carefully Before Signing)

I certify that all information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal or hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship Faith nor Hope creates an actual or implied contract of employment. I understand that, if I accept employment with Faith and Hope independent living will be on an at-will basis. This means that either Faith and Hope or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Faith & Hope. I release Faith & Hope, and its employees, plus other persons or companies from any and all liability arising out of or related in any way to such testing.

I authorize Faith & Hope to investigate information concerning my education, employment exercises and all other aspects of my background relevant to my proposed employment. I release Faith & Hope and its employees from all liability arising from investigation.

Signature of Applicant _____

Date _____

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